

Name in Full

Certificate of Death

Isabelle Aronhalt

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

06, July 2<sup>nd</sup>

Age

78-9-4

W. Va.

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

3

~~Husband~~

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 79898



Name  
in  
Full

## CERTIFICATE OF DEATH

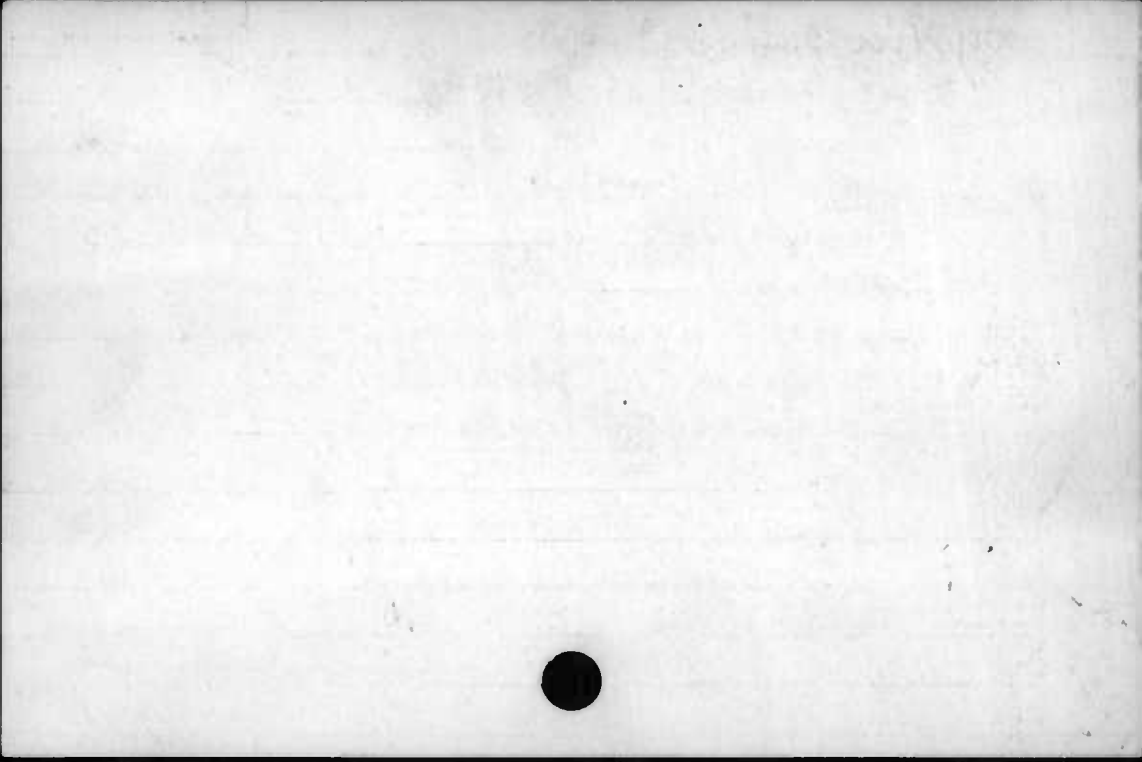
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Soldier Baker</i>		Town <i>Grantville</i>		County <i>Garrett</i>		STATE <b>MARYLAND</b>	
Died at <i>Grantville</i>		Month <i>July</i>		Day <i>14</i>		Age <i>85</i>	
Date of death 190 <i>6</i>		Months <i>14</i>		Years <i>23</i>		Days <i>23</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Northampton Pa.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Grantville</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Baker</i>		Father's Birthplace <i>Do not know</i>					
Mother's Maiden Name <i>Mary Albright</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>John Baker</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>3 1/2 years</i>
Immediate <i>Did not see him</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. J. Johnson</i>
	Address <i>Grantville Md.</i>
Accident or Suicide?	



TO BE ANSWERED BY  
NEAREST FRIEND

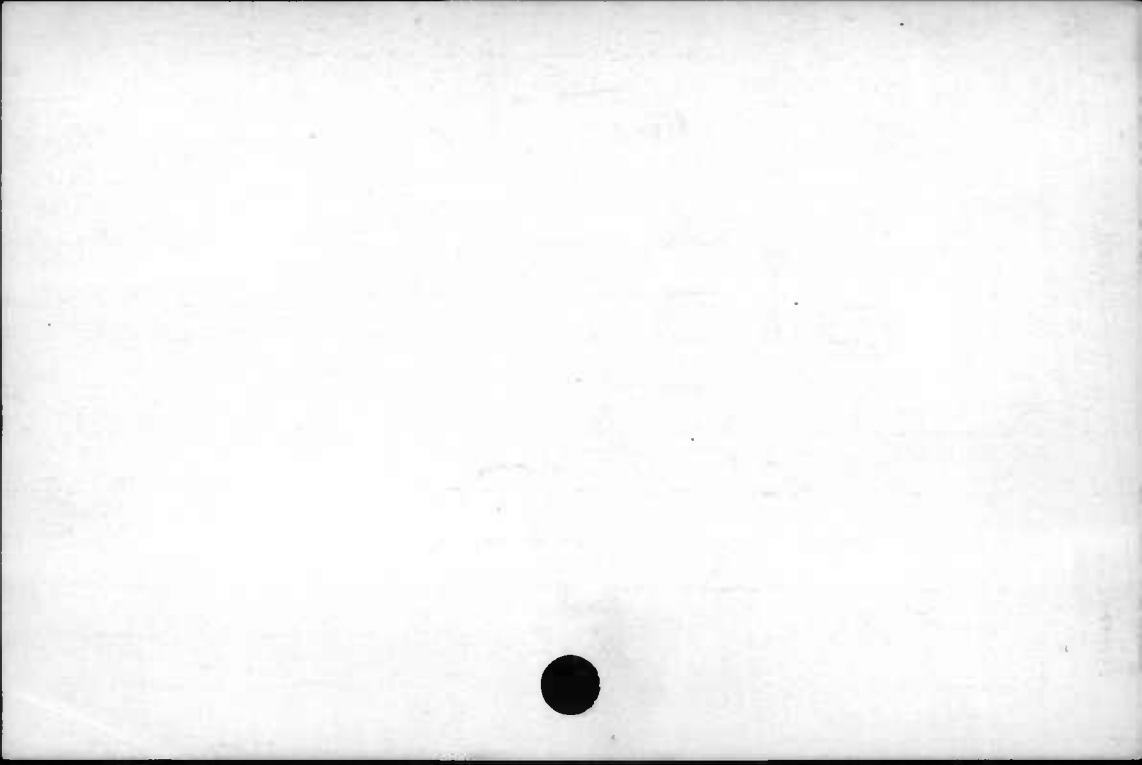
PHYSICIAN  
OR CORONER

## MARYLAND

Name of person giving information	Charles Beckman	How related to deceased	Son
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### CAUSES OF DEATH

Accident or Suicide? *ms* *ms*



Name  
in  
Full

Walter Truman Beckman

CERTIFICATE OF DEATH

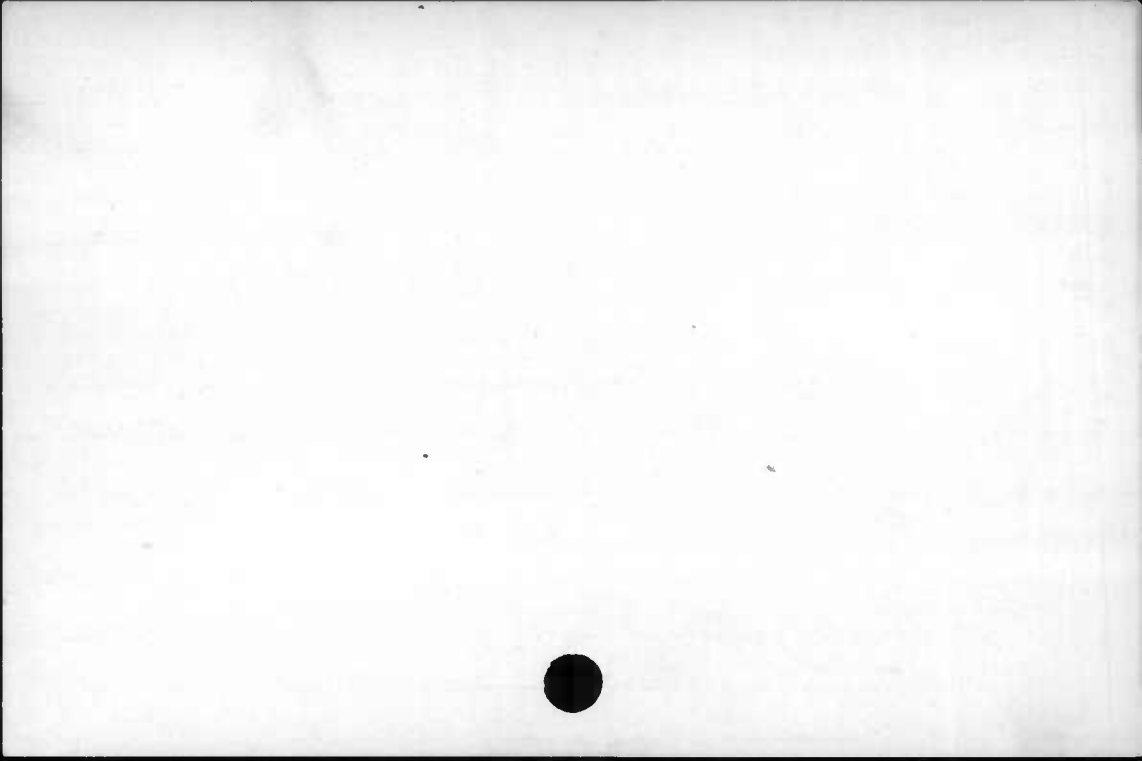
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Beckman</u> <sup>Town</sup>		<u>Garratt</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	July	Day	10
		Years	7	Months	9
		Age	7	Days	10
Sex	male	Color or Race	white	Birth-place	md
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Diphtheria</u>	How long	<u>4 days</u>
Immediate	<u>Strangulation</u>	How long	<u>not one minute</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<u>G. J. Hagerbaker MD</u>	
		Address	
		<u>Swardon</u>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

Mrs Emma L Broadwater

Town

County

MARYLAND

Died at

Grantonville

Garrett

Date

1906

Month

July

Day

4

Age

Years

47

Months

3

Days

3

Sex

Female

Color or  
Race

White

Birth-  
place

Grantonville

Occupation

Housewife

Where Residing if not  
at place of death

Grantonville

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Wm Broadwater

Father's  
Name

Wm H. Chapman

Father's  
Birthplace

Grantonville

Mother's  
Maiden Name

Rachel Chapman

Mother's  
Birthplace

Grantonville

Name of person giving  
information

Edward Bender

How related  
to deceased

Widow

CAUSES OF DEATH

Primary

Asphyxia

How long

3 hrs

Immediate

Stomach

How long

1/2 hr

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. F. Thomas

Grantonville

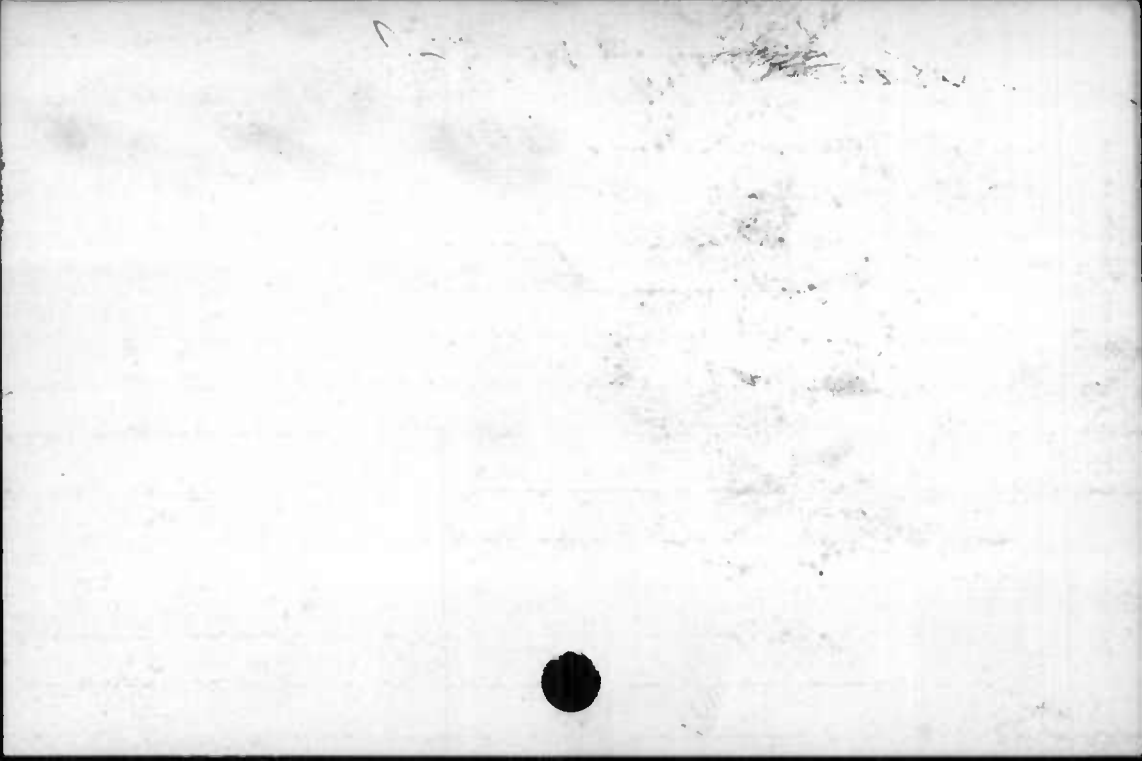
MD

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full		Harrison Burges				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	near Sand Spring	Town	Garrett	County	MARYLAND		
	Date of death	1906	Month	July	Day	29	Age	72
	Sex	Male	Color or Race	White	Birth-place	Maryland		
	Occupation	Farmer		Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband				
	Sarah Christina Burges							
	Father's Name					Father's Birthplace		
	Mother's Maiden Name					Mother's Birthplace		
Name of person giving information	Sarah Christina Burges				How related to deceased	Wife		
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary	Acute Dysentery				How long	1 wk	
	Immediate					How long	"	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
					Address			
					Forendeville Md			
Accident or Suicide? <input checked="" type="checkbox"/>								

Vanderbilt Cemetery

Name  
in  
Full

Glen Olsen Surst

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sallan</u> <small>Town</small>		<u>Garrett</u> <small>County</small>		MARYLAND	
Date of death 190 <u>6</u> <small>Month</small> <u>July</u> <small>Day</small> <u>3</u>		Age <u>5</u> <small>Years</small> <u>11</u> <small>Months</small> <u>11</u> <small>Days</small>			
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Sallan Ind</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>None</u>			
Name of Wife or Husband					
Father's Name <u>Geop Surst</u>			Father's Birthplace <u>Garrett Co Md</u>		
Mother's Maiden Name <u>Lula Harvey</u>			Mother's Birthplace <u>Garrett Co Md</u>		
Name of person giving information <u>Glen Surst</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Don't Know</u>	How long <u>(60)</u>
Immediate <u>Information Brain</u>	How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H L Burwans</u>
	Address <u>Franksville Ind</u>
Accident or Suicide?	

66m

W. B. G. Church

Barrett Co

Name  
In  
Full

Infant Fike

## CERTIFICATE OF DEATH

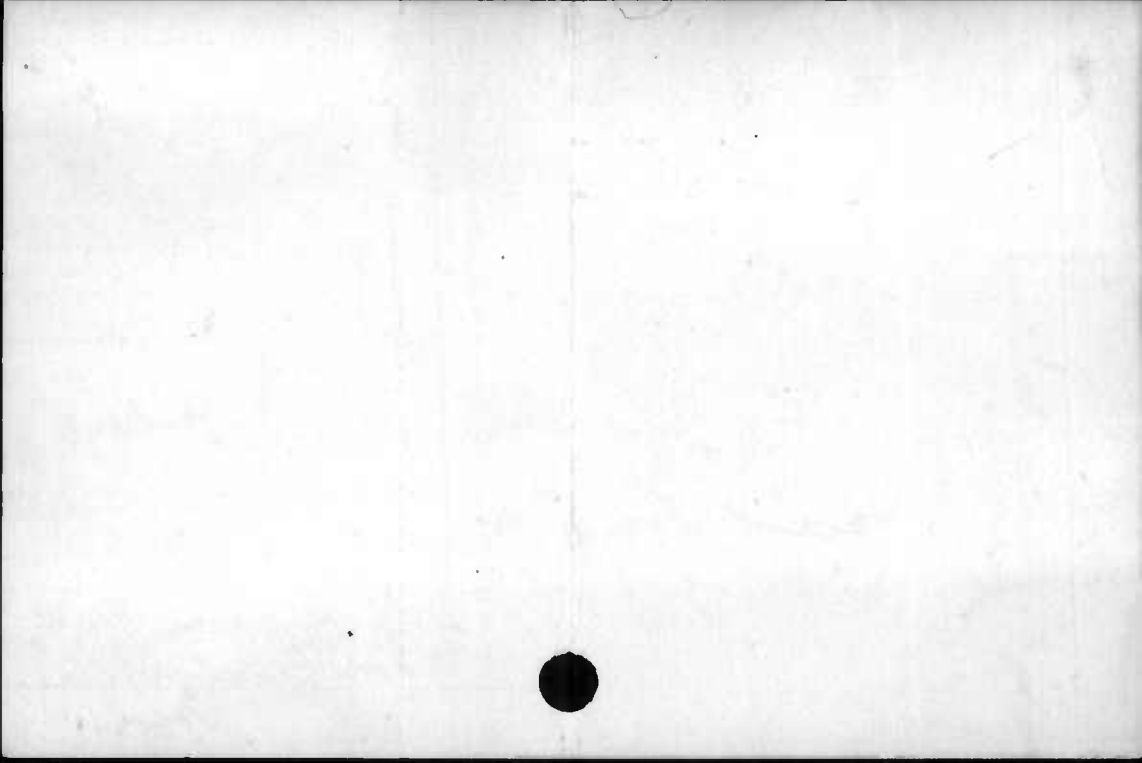
TO BE ANSWERED BY  
NEAREST FRIEND

Died <del>near</del> <i>Garrett</i> <sup>Town</sup>		<i>Garrett</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	July	Day	16
Sex	male	Color or Race	White	Age	Years
Occupation			Birth-place	Md.	
Married, Single or Widowed			Name of Wife or Husband		
Single					
Father's Name			Father's Birthplace		
H. H. Fike			Ma		
Mother's Maiden Name			Mother's Birthplace		
Myrtle Hewitt			Ma		
Name of person giving information			How related to deceased		
Annoea A. Schen			None		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature Birth	How long	(151)
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Annoea A. Schen	
		Address	
		Eglos	
Accident or Suicide?		Ma	



Name  
in  
Full

Elizabeth E Friend.

## CERTIFICATE OF DEATH

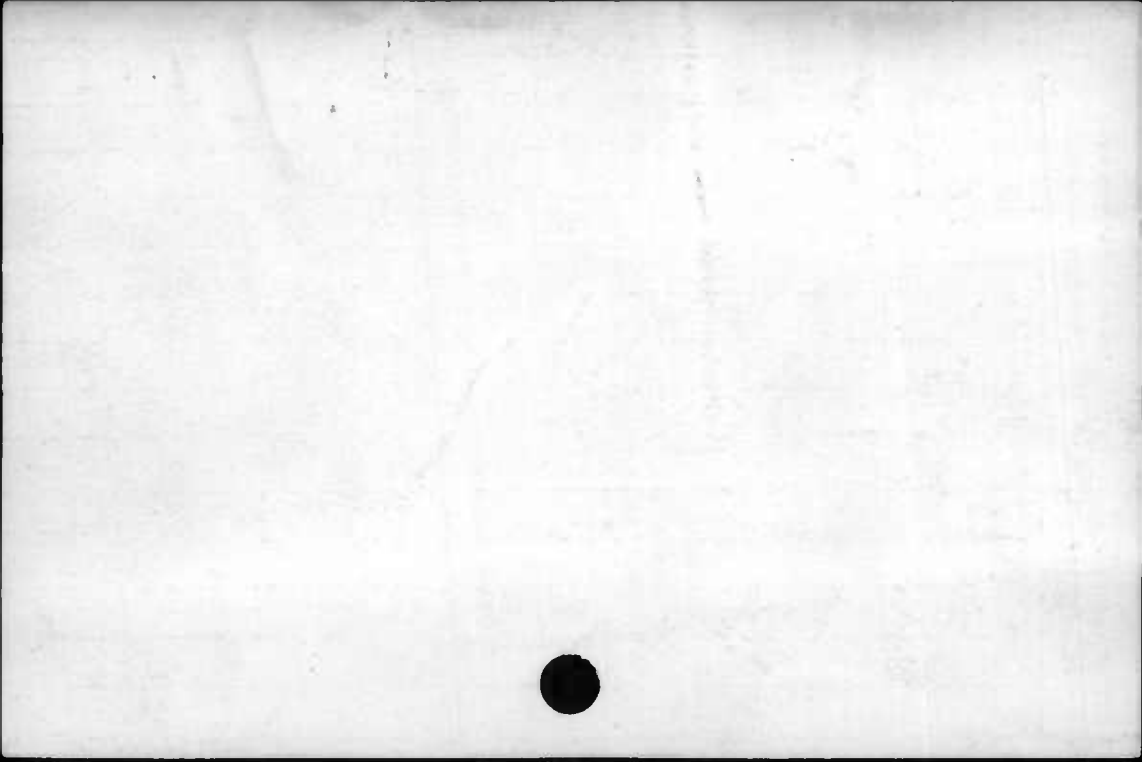
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Sand Spring</i>		Town <i>Sarrett</i>		County		MARYLAND		
Date of death <i>1906</i>	Month <i>July</i>	Day <i>12</i>	Age <i>50</i>	Years	Months <i>11</i>	Days <i>21</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>W. V. a</i>					
Occupation <i>House wife</i>	Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Taylor Friend</i>							
Father's Name	Father's Birthplace							
Mother's Maiden Name	Mother's Birthplace							
Name of person giving information <i>Taylor Friend</i>	How related to deceased <i>Husband</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Failure</i>	How long <i>179</i>	<i>Sudden</i>
Immediate <i>"</i>	How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. J. Mason M.D.</i>	Address <i>Forendeville, Md.</i>
Accident or Suicide?		



Name  
in  
Full

David McIntyre

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town "Bond"		County Garrett		MARYLAND	
Date of death		1906	Month July	Day 20	Age 73	Months	Days
Sex male		Color or Race white		Birth-place Md			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		Mrs Nella Welch				How related to deceased Daughter	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastro-Enteritis	How long	13 days
Immediate	Collopsy	How long	—
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. Hazenbaker M.D.	
		Address Swanton Md.	
Accident or Suicide?			



Name  
in  
Full

Clayton George Munhorr

## CERTIFICATE OF DEATH

MARYLAND

Died at

Accident &amp; Garrett

Date

of death

1906

Month

July

Day

5

Age

Years

Months

Days

22

Sex

male

Color or  
Race

white

Birth-  
place

Accident

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

William Munhorr

Father's  
Birthplace

Accident

Mother's  
Maiden Name

Mollie Richter

Mother's  
Birthplace

Coag and

Name of person giving  
information

William Munhorr

How related  
to deceased

father

## CAUSES OF DEATH

Primary

Cholera infantum

How long

12 hrs

Immediate

Convulsions

How long

6 hrs

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

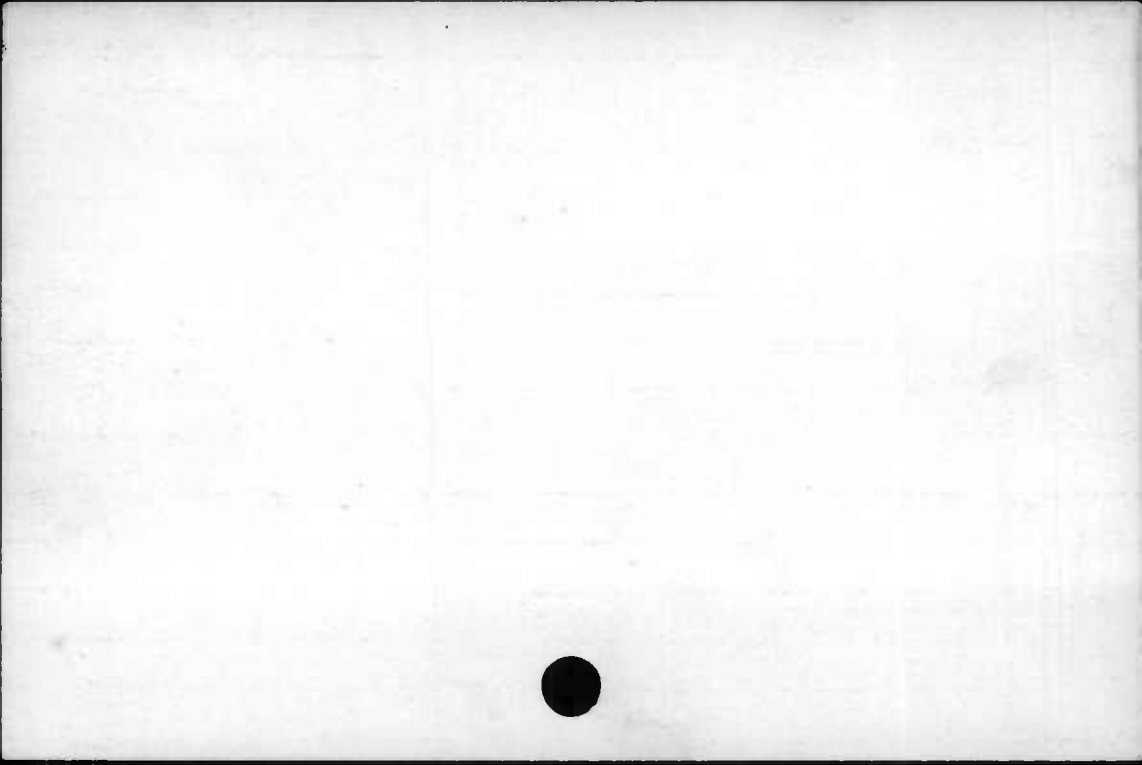
H. P. Bayer M.D.

Accident

M.D.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Susan Reid

## CERTIFICATE OF DEATH

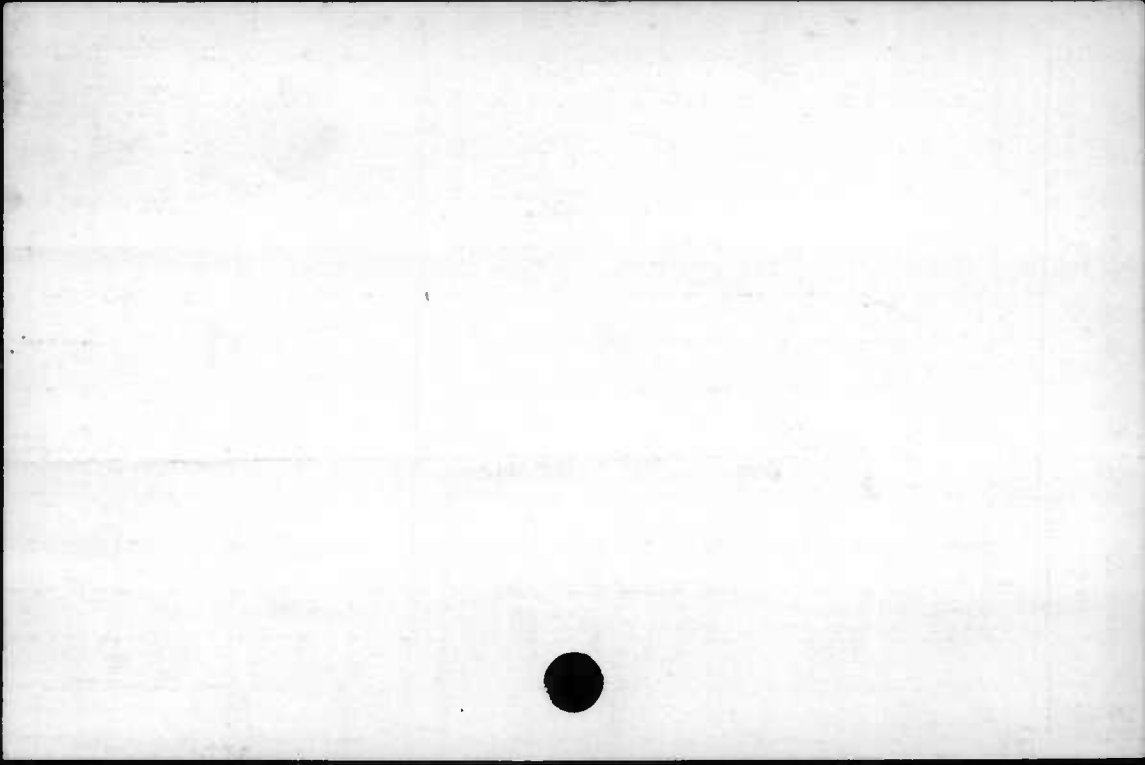
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Deer Park</i>		County <i>Garrett</i>		MARYLAND	
Date of death	Month <i>July</i>	Day <i>6</i>	Years <i>26</i>	Months <i>unknown</i>	Days <i>unknown</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birthplace <i>Thayerville Md</i>		
Occupation <i>housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>James Reid</i>			
Father's Name <i>Arthur Wolfe</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>James Reid</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 years</i>
Immediate <i>Tuberculosis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>George L. Linniger M.D.</i>
	Address <i>Deer Park Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Baby Simon

## CERTIFICATE OF DEATH

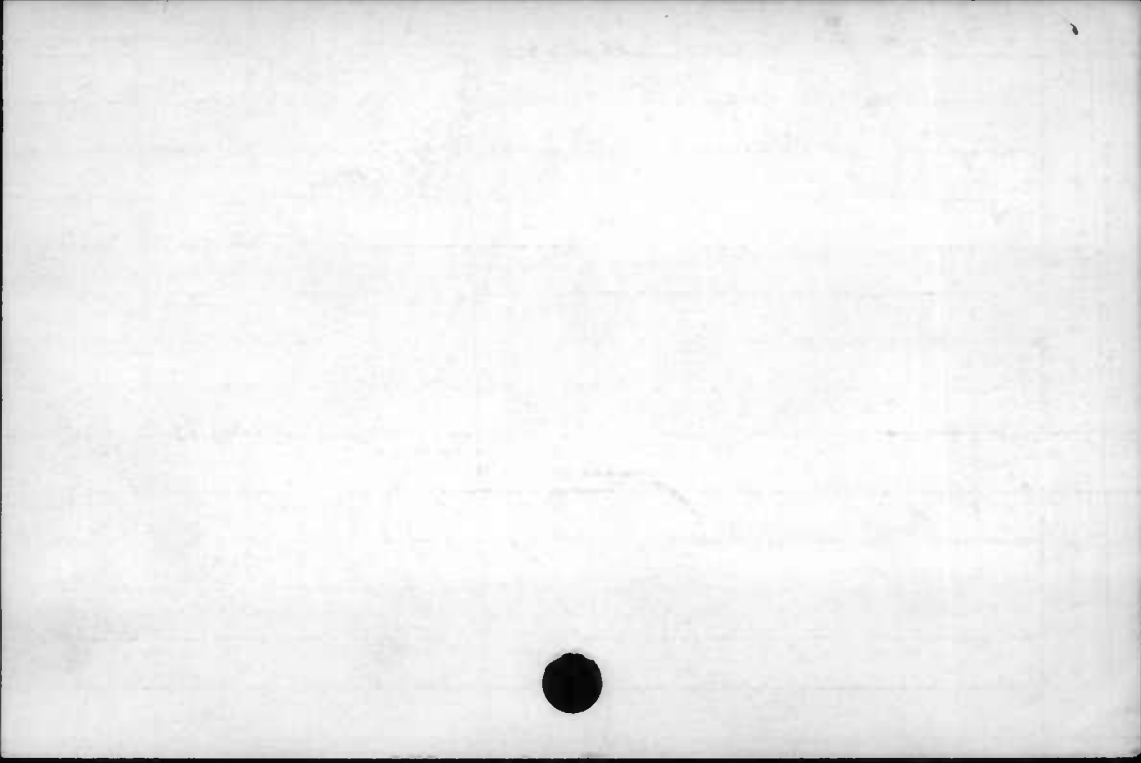
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		July	27	Age	14		
Sex	Female	Color or Race	W	Birth-place	D.C.		
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Louis A. Simon				Father's Birthplace	Md	
Mother's Maiden Name	Theresa McQuinn				Mother's Birthplace	Md	
Name of person giving information	N. A. Keindell				How related to deceased	Friend	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Decomposition	How long	3 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Oakland	
		Md	
Accident or Suicide?			



Name  
in  
Full

Andrew Guy Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		County		MARYLAND	
Date of death 190		Month	Day	Age	Months
6		July	3	79	5
Sex	Male	Color or Race	White	Birth-place	Keokuk
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Widowed		Andrew Guy Lee			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			
Wm. H. Lohr		Son			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long	4 Months
Immediate	Acute Cerebral Hemorrhage	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Fruitville	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Accident* <sup>Town</sup>*Carroll* <sup>County</sup>Date of death *1906*Month *July*Day *24*

Age

Years

Months *6*Days *1*Sex *Female*Color or  
Race*White*Birth-  
place*Accident*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*John Springer*Father's  
Birthplace*Accident Md.*Mother's  
Maiden Name*Sarah E. Springer*Mother's  
Birthplace*Marysville Pa.*Name of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

105

Primary

*Cholera Infantum*

How long

*36 hrs*

Immediate

*Cholera Infantum*

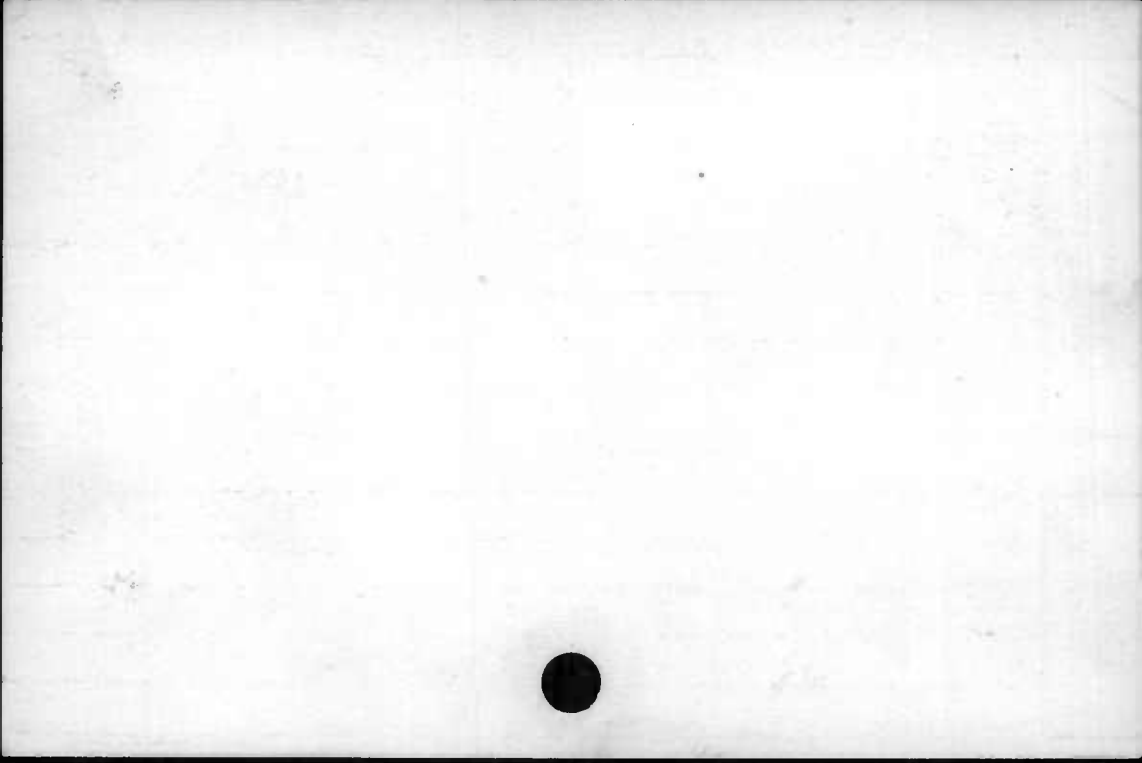
How long

*36 hrs*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*H. R. Bayne M.D.*

Address

*Accident**md*

Accident or Suicide?



Name  
in  
Full

Mary Louisa Strickland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Intake Ponce Town

County

Sumter

Date

of death

1906

Month

July

Day

25

Years

38

Months

Days

Sex

FemaleColor or  
RaceWhiteBirth-  
placePa

Occupation

—Where Residing if not  
at place of deathOxford PaMarried, Single  
or WidowedSingleName of Wife or  
HusbandFather's  
NameJoseph R StricklandFather's  
BirthplacePaMother's  
Maiden NameMargaret A SloanMother's  
BirthplacePaName of person giving  
In formationMiss StricklandHow related  
to deceasedSister

## CAUSES OF DEATH

Primary

Tubercle Meningitis

How long

2 weeks

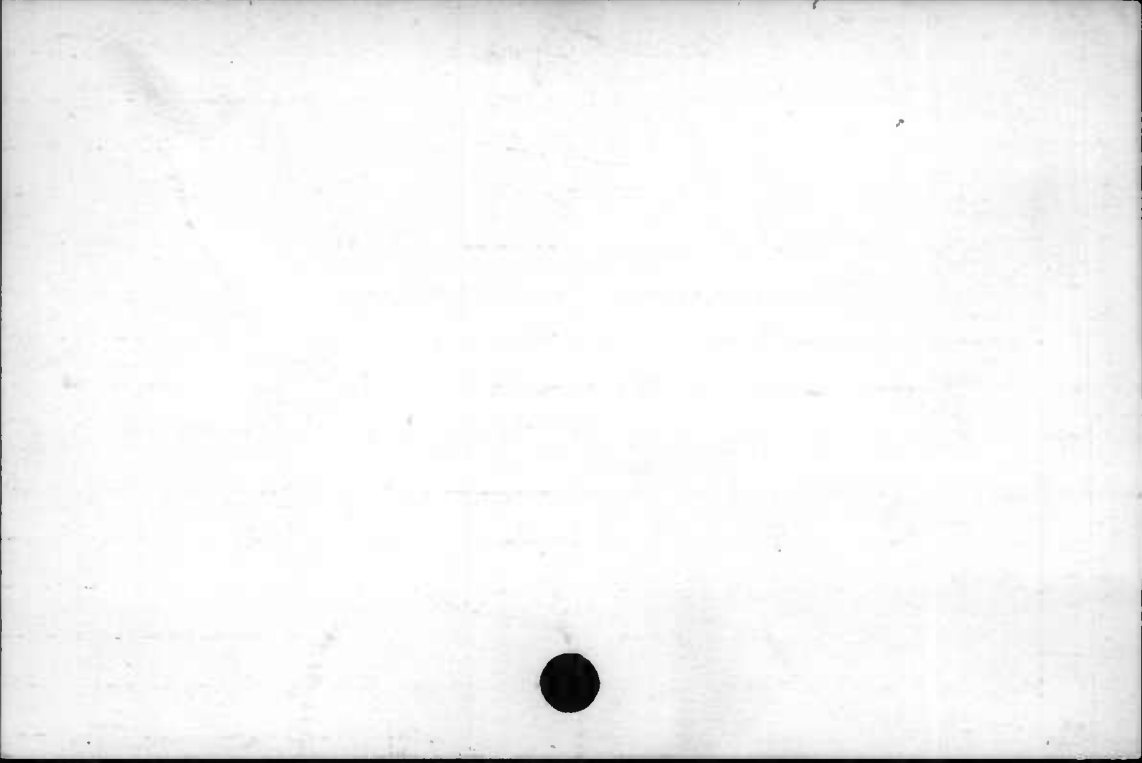
Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
PhysicianM. C. Strickland

Address

Oxford Pa

Accident or Suicide?



Name  
in  
Full

Maggie Hazel Tharp

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month		Day		Years	
1906		July		2.		—	
Sex		Color or Race		Birth-place		Months	
Female		white		Swanton		2.	
Occupation		Where Residing if not at place of death		Days		7	
Infant		—		—		—	
Married, Single or Widowed		Name of Wife or Husband		—		—	
Father's Name		Father's Birthplace		Mother's Birthplace		How related to deceased	
Alonza Tharp		Md.		Md.		Grandfather	
Mother's Maiden Name		Mother's Birthplace		Name of person giving information		How related to deceased	
Jennie E. Switzer		Md.		John J. Switzer		Grandfather	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastritis	How long	8 days
Immediate	Inanition	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		C. H. Azembaker M.D.	
Address		Swanton	
Accident or Suicide?		Md.	

Illegitimate.